

Fill in this information to identify the case:

Debtor Name NJ Mobile Health Care LLC

United States Bankruptcy Court for the: _____ District of New Jersey

Case number: 24-16239-JKS

☒ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: 12 - May 2025

Date report filed: 07/02/2025
MM / DD / YYYY

Line of business: Ambulance

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Louis V. Greco III

Original signature of responsible party: _____

Printed name of responsible party: Louis V. Greco III

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes No N/A

If you answer **No** to any of the questions in lines 1-9, attach an explanation and label it **Exhibit A**.

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer **Yes** to any of the questions in lines 10-18, attach an explanation and label it **Exhibit B**.

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name NJ Mobile Health Care LLC

Case number 24-16239-JKS

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 816.25

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 117,882.28

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 118,673.01

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ -790.73

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 25.52

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 281.56

Debtor Name NJ Mobile Health Care LLCCase number 24-16239-JKS**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 169,973.32
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 0
27. What is the number of employees as of the date of this monthly report? 0

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	<u>Column A</u>		<u>Column B</u>		<u>Column C</u>
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>45,000.00</u>	—	\$ <u>117,882.28</u>	=	\$ <u>-72,882.28</u>
33. Cash disbursements	\$ <u>40,000.00</u>	—	\$ <u>118,673.01</u>	=	\$ <u>76,673.01</u>
34. Net cash flow	\$ <u>5,000.00</u>	—	\$ <u>-790.73</u>	=	\$ <u>654.69</u>
35. Total projected cash receipts for the next month:					\$ <u>50,000.00</u>
36. Total projected cash disbursements for the next month:					- \$ <u>45,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>5,000.00</u>

Debtor Name NJ Mobile Health Care LLC

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8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Exhibit A

Monthly Operating Report – May 2025

Question 3: Did you pay all your bills on time?

Certain post-petition amounts are owed to Tri-State Medical Holdings LLC ("Tri-State") in connection with a certain supplemental staffing agreement previously entered by and between NJ Mobile Health Care LLC and Tri-State as well as in connection with the sale of that certain 2018 Ford Transit 250 Type II Ambulance, Vin No. 1FDYR2CM3JKB40807.

The Debtor does not dispute that certain post-petition amounts are owed to Tri-State but does dispute the exact amounts owed and reserves all rights in connection with the same, including the right to assert any counterclaims and/or setoffs against Tri-State.

Exhibit B

Monthly Operating Report – May 2025

Question 11: Have you sold any assets other than inventory

Used Equipment	\$104.00
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Exhibit C

NJMHC Monthly Operating Report - May 2025

Account No	Posting Date	Description	Receipts
5800	05/30/2025	PHONE/INTERNET TRNFR REF 1501448L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	330.00
5800	05/30/2025 1076	OVERDRAFT RTN ITEM	1,959.25
5800	05/23/2025	PHONE/INTERNET TRNFR REF 1431257L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	14.00
5800	05/23/2025	PHONE/INTERNET TRNFR REF 1430457L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	50.00
5800	05/22/2025	BUS MOBILE DEPOSIT	940.00
5800	05/16/2025	PHONE/INTERNET TRNFR REF 1361553L FUNDS TRANSFER FRM DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1,800.00
5800	05/16/2025	PHONE/INTERNET TRNFR REF 1361552L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	2,000.00
5800	05/15/2025	WIRE IN GFT 202505150022570 FIRST NATIONAL CAP ITAL LLC TRI STATE MOBILE H OLDINGS LLC 221090	72,000.00
5800	05/14/2025 1086	OVERDRAFT RTN ITEM	5,265.00
5800	05/14/2025	PHONE/INTERNET TRNFR REF 1340958L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	526.00
5800	05/12/2025	PHONE/INTERNET TRNFR REF 1321706L FUNDS TRANSFER FRM DEP XXXXX3201 FROM FUNDS TRANSFER VIA ONLINE	25.00
5800	05/08/2025	PHONE/INTERNET TRNFR REF 1280430L FUNDS TRANSFER FRM DEP XXXXXX4901 FROM FUNDS TRANSFER VIA MOBILE	4,000.00
5800	05/06/2025	PHONE/INTERNET TRNFR REF 1261953L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	900.00
5800	05/05/2025	WIRE IN GFT 202505050017294 MOBILE ONSITE HEAL TH SOLUTIONS LLC	1,900.00
5800	05/05/2025	PHONE/INTERNET TRNFR REF 1250524L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	700.00
5800	05/02/2025	PHONE/INTERNET TRNFR REF 1220540L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	1,784.00
0303	05/30/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 BTOT DEP 250530 536927960307817	384.18
0303	05/30/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 BTOT DEP 250530 536927960307817	172.00
0303	05/30/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898807266*12052961 37~	1,218.60
0303	05/28/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898798548*12052961 37~	1,202.46
0303	05/27/2025	BUS MOBILE DEPOSIT	495.75
0303	05/27/2025	BUS MOBILE DEPOSIT	249.84
0303	05/27/2025	BUS MOBILE DEPOSIT	106.48
0303	05/27/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250527 536927960307817	108.46
0303	05/22/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250522 536927960307817	345.00
0303	05/21/2025	BUS MOBILE DEPOSIT	877.08
0303	05/21/2025	BUS MOBILE DEPOSIT	105.49
0303	05/21/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898780851*12052961 37~	2,530.17
0303	05/20/2025	BUS MOBILE DEPOSIT	1,217.70
0303	05/16/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898768270*12052961 37~	792.82
0303	05/15/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898764298*12052961 37~	1,183.10
0303	05/14/2025	BUS MOBILE DEPOSIT	64.00
0303	05/14/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250514 536927960307817	420.00

Exhibit C

NJMHC Monthly Operating Report - May 2025

Account No	Posting Date	Description	Receipts
0303	05/12/2025	BUS MOBILE DEPOSIT	106.48
0303	05/12/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250512 536927960307817	519.56
0303	05/08/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898743877*12052961 37~	2,235.72
0303	05/08/2025	ACH CREDIT CCD CMPY ID: 1141797357 NYS DOH HCCLAIMPMT 021300075134282*11 41797357~	0.01
0303	05/07/2025	BUS MOBILE DEPOSIT	751.87
0303	05/07/2025	BUS MOBILE DEPOSIT	620.06
0303	05/07/2025	BUS MOBILE DEPOSIT	536.67
0303	05/06/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250506 536927960307817	295.00
0303	05/06/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898735793*12052961 37~	236.58
0303	05/05/2025	BUS MOBILE DEPOSIT	326.06
0303	05/05/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898730795*12052961 37~	766.99
0303	05/02/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898729732*12052961 37~	1,622.44
0303	05/02/2025	ACH CREDIT CCD CMPY ID: 1522293687 10L GOVDEALS 10LGDUSFSS REF*\	104.00
0303	05/01/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250501 536927960307817	94.46
3201	05/08/2025	PHONE/INTERNET TRNFR REF 1280429L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	4,000.00
			117,882.28

Exhibit D

NJMHC Monthly Operating Report - May 2025

Account No	Posting Date	Description	Disbursements
5800	05/30/2025	ACH DEBIT PPD CMPY ID: 9078730001 OPTIMUM 7873 CABLE PMNT 250530	331.28
5800	05/29/2025 1076	CHECK	1,959.25
5800	05/23/2025	FORCE POST DEBIT FOR OVERDRAFT CHECK # 1088	30.00
5800	05/22/2025 1088	CHECK	975.00
5800	05/20/2025	ACH DEBIT CCD CMPY ID: 0000756346 INTUIT * QBooks Onl 250520 6749164	100.00
5800	05/20/2025	PHONE/INTERNET TRNFR REF 1400820L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	400.00
5800	05/19/2025	ACH DEBIT CCD CMPY ID: 0000756346 INTUIT * QBooks Onl 250519 6165491	65.00
5800	05/16/2025 1089	CHECK	225.53
5800	05/16/2025	ACH DEBIT CCD CMPY ID: 1472319830 AFCCO CREDIT CORP PAYMENTS 250516 24196717	4,097.91
5800	05/16/2025	WIRE OUT GFT 202505160022241 POLITAN LAW LLC	5,335.00
5800	05/15/2025	ANALYSIS RESULTS CHG ANALYSIS ACTIVITY FOR 04/25	40.00
5800	05/15/2025	FEE BASED CHARGE FEE BASED ACTIVITY FOR 04/25	3.25
5800	05/15/2025 1091	CHECK	65.00
5800	05/15/2025	PHONE/INTERNET TRNFR REF 1351551L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	55,000.00
5800	05/15/2025	WIRE OUT GFT 202505150026120 REAL ESTATE MANAGEMENT GROUP LLC	11,000.00
5800	05/13/2025 1086	CHECK	5,265.00
5800	05/13/2025	ACH DEBIT WEB CMPY ID: 1882511058 Pirate Ship 8444455854 250513	8.40
5800	05/13/2025	ACH DEBIT WEB CMPY ID: 1882511058 Pirate Ship 8444455854 250513	8.40
5800	05/12/2025	ACH DEBIT CCD CMPY ID: 1082689000 BILL.COM LLC BILLING BILL.COM 02B4GSFCQ CARQ4C STMT 250597 53745 NJ MOBILE HEAL	110.00
5800	05/12/2025	ACH DEBIT WEB CMPY ID: 1882511058 Pirate Ship 8444455854 250512	8.40
5800	05/12/2025	ACH DEBIT WEB CMPY ID: 1882511058 Pirate Ship 8444455854 250512	8.40
5800	05/12/2025	PHONE/INTERNET TRNFR REF 1320835L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	711.10
5800	05/12/2025	PHONE/INTERNET TRNFR REF 1300827L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	3,500.00
5800	05/08/2025 1087	CHECK	626.64
5800	05/08/2025	ACH DEBIT WEB CMPY ID: 1882511058 Pirate Ship 8444455854 250508	20.86
5800	05/05/2025	RETURN DEPOSIT CHECK NOT SUFFICIENT FUNDS MOBILE ONSIGHT HEALTH	5,000.00
0303	05/30/2025	FEE MAINTENANCE CHARGE	15.00
0303	05/30/2025	PHONE/INTERNET TRNFR REF 1501449L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	3,639.93
0303	05/30/2025	PHONE/INTERNET TRNFR REF 1501448L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	330.00
0303	05/23/2025	PHONE/INTERNET TRNFR REF 1431257L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	14.00
0303	05/23/2025	PHONE/INTERNET TRNFR REF 1431033L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	3,000.00
0303	05/23/2025	PHONE/INTERNET TRNFR REF 1430457L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	50.00
0303	05/21/2025	PHONE/INTERNET TRNFR REF 1411541L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	2,000.00
0303	05/16/2025	PHONE/INTERNET TRNFR REF 1361552L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	2,000.00

Exhibit D

NJMHC Monthly Operating Report - May 2025

Account No	Posting Date	Description	Disbursements
0303	05/16/2025	PHONE/INTERNET TRNFR REF 1361551L FUNDS TRANSFER TO DEP XXXXX4901 FROM FUNDS TRANSFER VIA ONLINE	20.00
0303	05/14/2025	PHONE/INTERNET TRNFR REF 1340958L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	526.00
0303	05/12/2025	PHONE/INTERNET TRNFR REF 1320525L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	689.00
0303	05/08/2025	PHONE/INTERNET TRNFR REF 1280429L FUNDS TRANSFER TO DEP XXXXX3201 FROM FUNDS TRANSFER VIA MOBILE	4,000.00
0303	05/06/2025	PHONE/INTERNET TRNFR REF 1261953L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	900.00
0303	05/05/2025	PHONE/INTERNET TRNFR REF 1250524L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	700.00
0303	05/02/2025	ACH DEBIT CCD CMPY ID: 10621929SM BANKCARD 1929 MTOT DISC 250502 536927960307817	70.66
0303	05/02/2025	PHONE/INTERNET TRNFR REF 1220540L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	1,784.00
3201	05/30/2025	FEE MAINTENANCE CHARGE	15.00
3201	05/12/2025	PHONE/INTERNET TRNFR REF 1321706L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	25.00
3201	05/08/2025	PHONE/INTERNET TRNFR REF 1280430L FUNDS TRANSFER TO DEP XXXXX4901 FROM FUNDS TRANSFER VIA MOBILE	4,000.00
			118,673.01

NJ Mobile HealthCare LLC DIP
A/P Aging Summary
As of May 31, 2025

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
FrontLine EMS Billing LLC	281.56					281.56
TOTAL	\$ 281.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 281.56

Monday, Jun 16, 2025 08:07:27 AM GMT-7

Monthly Operating Report - May 2025

Aging Report										
Current Payor	Trip Count	Current	31 to 60	61 to 90	91 to 120	121 to 150	151 to 180	181 to 546	Over 546	Total
-- None --	11	-	3,055.00	1,695.00	2,420.00	2,405.00	3,000.00	740.00	-	13,315.00
AARP MEDICARE SUPPLEMENT PLAN	32	-	-	747.66	774.76	876.01	825.59	641.34	-	3,865.36
AETNA - MEDICARE ADVANTAGE	5	-	-	4,881.00	3,274.50	-	-	-	-	8,155.50
AETNA BETTER HEALTH OF NJ - MEDICAID	3	-	-	-	72.38	1,584.00	107.14	-	-	1,763.52
AMERIGROUP NJ / WELLPOINT - MEDICAID	7	-	-	97.91	813.19	201.25	106.48	271.85	-	1,490.68
BCBS HORIZON NJ - COMMERCIAL	7	-	-	2,066.37	-	120.31	-	-	-	2,186.68
BCBS HORIZON NJ - MEDICARE ADVANTAGE	1	-	-	1,576.50	-	-	-	-	-	1,576.50
BCBS HORIZON NJ HEALTH - MEDICAID	7	-	-	2,360.16	1,710.00	(103.19)	-	633.75	-	4,600.72
BERGEN NEW BRIDGE MEDICAL CENTER	28	-	632.50	-	170.50	-	-	6,214.50	-	7,017.50
Bill Patient	71	-	1,630.00	9,759.51	7,974.89	7,033.82	806.46	(115.72)	-	27,088.96
CHAMPVA	1	-	-	-	-	-	-	87.20	-	87.20
CHRISTIAN BROTHERS SERVICES/HBS	1	-	-	-	-	-	1,530.00	-	-	1,530.00
CHUBB PIP CLAIMS	2	-	-	1,630.00	-	-	-	-	-	1,630.00
CIGNA	1	-	-	1,560.00	-	-	-	-	-	1,560.00
CIGNA HEALTHSPRING - MEDICARE ADVANTAGE	1	-	-	-	996.50	-	-	-	-	996.50
CLOVER HEALTH - MEDICARE ADVANTAGE	7	-	-	6,951.50	-	-	-	2,304.50	-	9,256.00
EMBASSY MANOR NURSING & REAHABILITATION	1	-	-	-	599.61	-	-	-	-	599.61
FIDELIS CARE (FORMERLY WELLCARE) - MEDICAID	6	-	-	100.22	-	212.96	293.24	-	-	606.42
LONGEVITY HEALTH PLAN - MEDICARE ADVANTAGE	1	-	-	1,678.50	-	-	-	-	-	1,678.50
MAGNACARE	1	-	-	-	-	99.56	-	-	-	99.56
MEDICAID NJ	11	-	-	933.37	197.94	262.87	-	131.70	-	1,525.88
MEDICARE NJ	31	-	12,746.50	26,926.50	3,139.50	684.50	-	2,731.50	-	46,228.50
MUTUAL OF OMAHA - MEDICARE SUPPLEMENTAL	2	-	-	-	-	106.48	-	115.36	-	221.84
NAHGA CLAIM SERVICES	1	-	-	-	-	216.60	-	-	-	216.60
SAINT MICHAEL'S MEDICAL CENTER	4	-	-	260.80	-	-	319.30	684.10	-	1,264.20
TRANSAMERICA LIFE	1	-	-	-	-	-	-	103.68	-	103.68
UNITED AMERICAN INSURANCE - MEDICARE SUPPLEMENTAL	1	-	-	-	105.49	-	-	-	-	105.49
UNITEDHEALTHCARE - COMMERCIAL (87726)	1	-	-	103.19	-	-	-	-	-	103.19
UNITEDHEALTHCARE - MEDICAID (86047)	7	-	-	295.78	1,525.50	-	-	1,648.95	-	3,470.23
UNITEDHEALTHCARE - MEDICARE ADVANTAGE (87726)	4	-	1,531.50	1,549.50	-	1,603.50	-	902.00	-	5,586.50
UNITEDHEALTHCARE DUAL SNP - MEDICARE ADVANTAGE (86047)	7	-	1,612.50	3,138.00	-	-	-	4,565.50	-	9,316.00
UNITEDHEALTHCARE OPTUM - MEDICARE ADVANTAGE (LIFE1)	1	-	-	1,603.50	-	-	-	-	-	1,603.50
WELLCARE DUAL LIBERTY D-SNP - MEDICARE ADVANTAGE (14163)	1	-	-	1,549.50	-	-	-	-	-	1,549.50
Totals: Payors: 33	266	-	21,208.00	71,464.47	23,774.76	15,303.67	6,988.21	21,660.21	-	160,399.32
							Non-VRM / Frontline Receivables			9,574.00
							Total Receivables			169,973.32



P.O. Box 558
Wayne, NJ 07474-0558

Last Statement:
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April 30, 2025
May 31, 2025
1 of 6

39938 M0656DDA053125061450 07 000000000 169914 006



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 OPERATING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330



Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

We have updated the order in which transactions are posted to your account. All credits will be processed first followed by debits in the following order: debit card transactions, Zelle® payments, checks cashed against your account, outgoing wire transfers, internal transfers, ACH debits, checks presented for payment, and all remaining debit transactions.

BUSINESS BANKING CHECKING - XXXXXX5800

SUMMARY FOR THE PERIOD: 05/01/25 - 05/31/25

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$701.68		\$94,193.25		\$94,894.42		\$0.51

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
05/02	Beginning Balance			\$701.68
05/02	PHONE/INTERNET TRNFR REF 1220540L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE		\$1,784.00	\$2,485.68
05/05	PHONE/INTERNET TRNFR REF 1250524L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE		\$700.00	\$3,185.68
05/05	WIRE IN 202505050017294 MOBILE ONSITE HEAL TH SOLUTIONS LLC		\$1,900.00	\$5,085.68
05/05	RETURN DEPOSIT CHECK NOT SUFFICIENT FUN DS MOBILE ONSIGHT HEA LTH	-\$5,000.00		\$85.68
05/06	PHONE/INTERNET TRNFR REF 1261953L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$900.00	\$985.68





P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
05/08	PHONE/INTERNET TRNFR REF 1280430L FUNDS TRANSFER FRM DEP XXXXXX4901 FROM FUNDS TRANSFER VIA MOBILE		\$4,000.00	\$4,985.68
05/08	ACH DEBIT Pirate Ship 8444455854 250508	-\$20.86		\$4,964.82
05/08	CHECK 1087	-\$626.64		\$4,338.18
05/12	PHONE/INTERNET TRNFR REF 1321706L FUNDS TRANSFER FRM DEP XXXXX3201 FROM FUNDS TRANSFER VIA ONLINE		\$25.00	\$4,363.18
05/12	PHONE/INTERNET TRNFR REF 1300827L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	-\$3,500.00		\$863.18
05/12	PHONE/INTERNET TRNFR REF 1320835L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$711.10		\$152.08
05/12	ACH DEBIT Pirate Ship 8444455854 250512	-\$8.40		\$143.68
05/12	ACH DEBIT Pirate Ship 8444455854 250512	-\$8.40		\$135.28
05/12	ACH DEBIT BILL.COM LLC BILLING BILL.COM 02B4GSFCQ CARQ4C STMT 250597 53745 NJ MOBILE HE ALTHCARE DIP	-\$110.00		\$25.28
05/13	ACH DEBIT Pirate Ship 8444455854 250513	-\$8.40		\$16.88
05/13	ACH DEBIT Pirate Ship 8444455854 250513	-\$8.40		\$8.48
05/13	CHECK 1086	-\$5,265.00		-\$5,256.52
05/14	PHONE/INTERNET TRNFR REF 1340958L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$526.00	-\$4,730.52
05/14	OVERDRAFT RTN ITEM CHECK 1086		\$5,265.00	\$534.48
05/15	WIRE IN 202505150022570 FIRST NATIONAL CAP ITAL LLC TRI STATE MOBILE H OLDINGS LLC 221090		\$72,000.00	\$72,534.48
05/15	WIRE OUT 202505150026120 REAL ESTATE MANAGE MENT GROUP LLC	-\$11,000.00		\$61,534.48
05/15	PHONE/INTERNET TRNFR REF 1351551L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$55,000.00		\$6,534.48
05/15	CHECK 1091	-\$65.00		\$6,469.48
05/15	FEE BASED CHARGE FEE BASED ACTIVITY FOR 04/25	-\$3.25		\$6,466.23
05/15	ANALYSIS RESULTS CHG	-\$40.00		\$6,426.23





Account Number:

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Statement Date:

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P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
05/16	ANALYSIS ACTIVITY FOR 04/25 PHONE/INTERNET TRNFR REF 1361552L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$2,000.00	\$8,426.23
05/16	PHONE/INTERNET TRNFR REF 1361553L FUNDS TRANSFER FRM DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE		\$1,800.00	\$10,226.23
05/16	WIRE OUT 202505160022241 POLITAN LAW LLC	-\$5,335.00		\$4,891.23
05/16	ACH DEBIT AFCO CREDIT CORP PAYMENTS 250516 24196717	-\$4,097.91		\$793.32
05/16	CHECK 1089	-\$225.53		\$567.79
05/19	ACH DEBIT INTUIT * QBooks Onl 250519 6165491	-\$65.00		\$502.79
05/20	PHONE/INTERNET TRNFR REF 1400820L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$400.00		\$102.79
05/20	ACH DEBIT INTUIT * QBooks Onl 250520 6749164	-\$100.00		\$2.79
05/22	BUS MOBILE DEPOSIT		\$940.00	\$942.79
05/22	CHECK 1088	-\$975.00		-\$32.21
05/23	PHONE/INTERNET TRNFR REF 1430457L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE		\$50.00	\$17.79
05/23	PHONE/INTERNET TRNFR REF 1431257L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$14.00	\$31.79
05/23	PAID ITEM FEE FOR OVERDRAFT CHECK # 1088	-\$30.00		\$1.79
05/29	CHECK 1076	-\$1,959.25		-\$1,957.46
05/30	OVERDRAFT RTN ITEM CHECK 1076		\$1,959.25	\$1.79
05/30	PHONE/INTERNET TRNFR REF 1501448L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$330.00	\$331.79
05/30	ACH DEBIT OPTIMUM 7873 CABLE PMNT 250530	-\$331.28		\$0.51
Ending Balance				\$0.51

CHECKS IN ORDER

Date	Number	Amount	Date	Number	Amount
05/29	1076	\$1,959.25	05/13	1086*	\$5,265.00

(*) Check Number Missing or Check Converted to Electronic Transaction and Listed under the Transaction section.



Account Number:

XXXXXX5800

Statement Date:

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P.O. Box 558
Wayne, NJ 07474-0558

CHECKS IN ORDER (continued)

Date	Number	Amount	Date	Number	Amount
05/08	1087	\$626.64	05/16	1089	\$225.53
05/22	1088	\$975.00	05/15	1091*	\$65.00

(*) Check Number Missing or Check Converted to Electronic Transaction and Listed under the Transaction section.

OVERDRAFT FEES

	Total This Period:	Total Year-To-Date:
Total Overdraft Fees:	\$30.00	\$510.00





Account Number:

XXXXXX5800

Statement Date:

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P.O. Box 558

Wayne, NJ 07474-0558

Check Images for Account XXXXXX5800

1076

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 525
MAHWAH, NJ 07430-2330

DATE 3/28/2025

PAY TO THE ORDER OF Samsara \$ 1,959.25

One thousand nine hundred fifty nine and 25/100 DOLLARS

FOR [Signature]

⑈001076⑈ ⑆021201383⑆ ⑈[Redacted]5800⑈ ⑈0000195925⑈

JPMORGANCHASE BK NA
052925 >074909962<
00000443 0735462
000450646 0001 0000000626325760

CR TO JMD
PAYEE ALL
R/S REVD

FOR DEPOSIT ONLY
FACE VALUE CHECK CASHING
CASHING CASH
STATE ISLAND, NY 10969
AMT: \$975.00 FEE: \$19.50
TELLER: VA DATE: 05/21/2025
LICENSED CASHIERS OF CHECKS
ACTORS FOU ACCT: 3028074

05/29/2025

1076

\$1,959.25

1088

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 525
MAHWAH, NJ 07430-2330

DATE 04/20/25

PAY TO THE ORDER OF Boon Brothers towing \$ 975.00

Nine hundred seventy five and 00/100 DOLLARS

FOR 25-250279

⑈001088⑈ ⑆021201383⑆ ⑈[Redacted]5800⑈

FOR DEPOSIT ONLY
FACE VALUE CHECK CASHING
CASHING CASH
STATE ISLAND, NY 10969
AMT: \$975.00 FEE: \$19.50
TELLER: VA DATE: 05/21/2025
LICENSED CASHIERS OF CHECKS
ACTORS FOU ACCT: 3028074

05/22/2025

1088

\$975.00

1086

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 525
MAHWAH, NJ 07430-2330

DATE 04/25/2025

PAY TO THE ORDER OF Maria Politan Esq \$ 5,265.00

Five Thousand Two hundred sixty five and 00/100 DOLLARS

FOR Sub 5 Trustee Fee

⑈001086⑈ ⑆021201383⑆ ⑈[Redacted]5800⑈

05122025 004415001112210 221272300 PB

THE PROVICENT BANK
MAHWAH, NJ 07430-2330
FOR DEPOSIT ONLY
FACE VALUE CHECK CASHING
CASHING CASH
STATE ISLAND, NY 10969
AMT: \$975.00 FEE: \$19.50
TELLER: VA DATE: 05/21/2025
LICENSED CASHIERS OF CHECKS
ACTORS FOU ACCT: 3028074

05/13/2025

1086

\$5,265.00

1089

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 525
MAHWAH, NJ 07430-2330

DATE 05/02/2025

PAY TO THE ORDER OF Go To Communications \$ 225.53

Two Hundred twenty five and 53/100 DOLLARS

FOR [Signature]

⑈001089⑈ ⑆021201383⑆ ⑈[Redacted]5800⑈

FOR DEPOSIT ONLY
FACE VALUE CHECK CASHING
CASHING CASH
STATE ISLAND, NY 10969
AMT: \$975.00 FEE: \$19.50
TELLER: VA DATE: 05/21/2025
LICENSED CASHIERS OF CHECKS
ACTORS FOU ACCT: 3028074

05/16/2025

1089

\$225.53

1087

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 525
MAHWAH, NJ 07430-2330

DATE 04/20/2025

PAY TO THE ORDER OF Front One EMS Billing \$ 626.64

Six hundred twenty six and 64/100 DOLLARS

FOR 17-06716 17-06764

⑈001087⑈ ⑆021201383⑆ ⑈[Redacted]5800⑈

JPMorgan Chase Bank 050703 360242 914320096517

FOR DEPOSIT ONLY
FACE VALUE CHECK CASHING
CASHING CASH
STATE ISLAND, NY 10969
AMT: \$975.00 FEE: \$19.50
TELLER: VA DATE: 05/21/2025
LICENSED CASHIERS OF CHECKS
ACTORS FOU ACCT: 3028074

05/08/2025

1087

\$626.64

1091

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 525
MAHWAH, NJ 07430-2330

DATE 5/12/2025

PAY TO THE ORDER OF NJMVC \$ 65.00

Sixty five and 00/100 DOLLARS

FOR 301 660-1600

⑈001091⑈ ⑆021201383⑆ ⑈[Redacted]5800⑈

EDISON_20250514_00013_00071

FOR DEPOSIT ONLY
FACE VALUE CHECK CASHING
CASHING CASH
STATE ISLAND, NY 10969
AMT: \$975.00 FEE: \$19.50
TELLER: VA DATE: 05/21/2025
LICENSED CASHIERS OF CHECKS
ACTORS FOU ACCT: 3028074

05/15/2025

1091

\$65.00



Account Number:

XXXXXX5800

Statement Date:

05/31/2025

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P.O. Box 558
Wayne, NJ 07474-0558

To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
2 Add deposits recorded in your checkbook but not shown on this statement.	
3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

The Finance Charge that accrues in any monthly billing period is determined on each day in the monthly billing cycle by multiplying the Daily Periodic Rate by the outstanding principal balance (after subtracting payments and adding advances posted that day); then we add the results of these calculations for the number of days in the billing cycle. The Daily Periodic Rate is the Annual Percentage Rate in effect during the monthly billing cycle divided by 365.

In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions

A. Pursuant To The Federal Fair Credit Billing Act

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

B. Under Applicable State Law

If you rely upon the 3 months period provided by state law, you may lose important rights that could be preserved by action more promptly under the federal law described in the first paragraph in this section. State law provisions apply only after expiration of the time period for submitting a proper written notice of a billing error under federal law.

In Case Of Error Or Questions About Your Electronic Transfers (Pursuant to the Electronic Fund Transfer Act. Applicable to personal accounts only; does not pertain to wire transfers.)

If you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt, please contact us at 800-522-4100; write us at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. Tell us your name and account number and the dollar amount of the suspected error. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this or 20 business days if your notice of error involves an electronic fund transfer to or from the account within 30 days after the first deposit to the account was made, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For additional terms and conditions applicable to your account statement, please refer to your account agreement.





P.O. Box 558
Wayne, NJ 07474-0558

Last Statement:
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5703 M0656DDA053125061450 07 000000000 135679 003



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 PPSF ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330



Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

We have updated the order in which transactions are posted to your account. All credits will be processed first followed by debits in the following order: debit card transactions, Zelle® payments, checks cashed against your account, outgoing wire transfers, internal transfers, ACH debits, checks presented for payment, and all remaining debit transactions.

VALLEY BASIC BUSINESS CHECKING - XXXXXX3201

SUMMARY FOR THE PERIOD: 05/01/25 - 05/31/25

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$25.01		\$4,000.00		\$4,040.00		-\$14.99

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			\$25.01
05/08	PHONE/INTERNET TRNFR REF 1280429L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE		\$4,000.00	\$4,025.01
05/08	PHONE/INTERNET TRNFR REF 1280430L FUNDS TRANSFER TO DEP XXXXXX4901 FROM FUNDS TRANSFER VIA MOBILE	-\$4,000.00		\$25.01
05/12	PHONE/INTERNET TRNFR REF 1321706L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$25.00		\$0.01
05/31	FEE MAINTENANCE CHARGE	-\$15.00		-\$14.99
	Ending Balance			-\$14.99





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Wayne, NJ 07474-0558

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Account Number:
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05/31/2025
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OVERDRAFT FEES

	Total This Period:	Total Year-To-Date:
Total Overdraft Fees:	\$0.00	\$0.00





Account Number:

XXXXXX3201

Statement Date:

05/31/2025

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P.O. Box 558
Wayne, NJ 07474-0558

To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
2 Add deposits recorded in your checkbook but not shown on this statement.	
3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

The Finance Charge that accrues in any monthly billing period is determined on each day in the monthly billing cycle by multiplying the Daily Periodic Rate by the outstanding principal balance (after subtracting payments and adding advances posted that day); then we add the results of these calculations for the number of days in the billing cycle. The Daily Periodic Rate is the Annual Percentage Rate in effect during the monthly billing cycle divided by 365.

In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions

A. Pursuant To The Federal Fair Credit Billing Act

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

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If you rely upon the 3 months period provided by state law, you may lose important rights that could be preserved by action more promptly under the federal law described in the first paragraph in this section. State law provisions apply only after expiration of the time period for submitting a proper written notice of a billing error under federal law.

In Case Of Error Or Questions About Your Electronic Transfers (Pursuant to the Electronic Fund Transfer Act. Applicable to personal accounts only; does not pertain to wire transfers.)

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For additional terms and conditions applicable to your account statement, please refer to your account agreement.





P.O. Box 558
Wayne, NJ 07474-0558

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4373 M0656DDA053125061450 08 000000000 193513 005



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 RECEIVING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330



Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

We have updated the order in which transactions are posted to your account. All credits will be processed first followed by debits in the following order: debit card transactions, Zelle® payments, checks cashed against your account, outgoing wire transfers, internal transfers, ACH debits, checks presented for payment, and all remaining debit transactions.

VALLEY BASIC BUSINESS CHECKING - XXXXXX0303

SUMMARY FOR THE PERIOD: 05/01/25 - 05/31/25

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$34.57		\$19,689.03		\$19,738.59		-\$14.99

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
05/01	Beginning Balance			\$34.57
05/01	ACH CREDIT BANKCARD 1929 MTOT DEP 250501 536927960307817		\$94.46	\$129.03
05/02	ACH CREDIT 10L GOVDEALS 10LGDUSS REF*\		\$104.00	\$233.03
05/02	ACH CREDIT NOVITAS HCCLAIMPMT 898729732*12052961 37~		\$1,622.44	\$1,855.47
05/02	PHONE/INTERNET TRNFR REF 1220540L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	-\$1,784.00		\$71.47
05/02	ACH DEBIT BANKCARD 1929 MTOT DISC 250502 536927960307817	-\$70.66		\$0.81
05/05	ACH CREDIT NOVITAS HCCLAIMPMT 898730795*12052961 37~		\$766.99	\$767.80





P.O. Box 558
Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
05/05	BUS MOBILE DEPOSIT		\$326.06	\$1,093.86
05/05	PHONE/INTERNET TRNFR REF 1250524L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	-\$700.00		\$393.86
05/06	ACH CREDIT NOVITAS HCCLAIMPMT 898735793*12052961 37~		\$236.58	\$630.44
05/06	ACH CREDIT BANKCARD 1929 MTOT DEP 250506 536927960307817		\$295.00	\$925.44
05/06	PHONE/INTERNET TRNFR REF 1261953L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$900.00		\$25.44
05/07	BUS MOBILE DEPOSIT		\$536.67	\$562.11
05/07	BUS MOBILE DEPOSIT		\$620.06	\$1,182.17
05/07	BUS MOBILE DEPOSIT		\$751.87	\$1,934.04
05/08	ACH CREDIT NYS DOH HCCLAIMPMT 021300075134282*11 41797357~		\$0.01	\$1,934.05
05/08	ACH CREDIT NOVITAS HCCLAIMPMT 898743877*12052961 37~		\$2,235.72	\$4,169.77
05/08	PHONE/INTERNET TRNFR REF 1280429L FUNDS TRANSFER TO DEP XXXXXX3201 FROM FUNDS TRANSFER VIA MOBILE	-\$4,000.00		\$169.77
05/12	ACH CREDIT BANKCARD 1929 MTOT DEP 250512 536927960307817		\$519.56	\$689.33
05/12	BUS MOBILE DEPOSIT		\$106.48	\$795.81
05/12	PHONE/INTERNET TRNFR REF 1320525L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	-\$689.00		\$106.81
05/14	ACH CREDIT BANKCARD 1929 MTOT DEP 250514 536927960307817		\$420.00	\$526.81
05/14	BUS MOBILE DEPOSIT		\$64.00	\$590.81
05/14	PHONE/INTERNET TRNFR REF 1340958L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$526.00		\$64.81
05/15	ACH CREDIT NOVITAS HCCLAIMPMT 898764298*12052961 37~		\$1,183.10	\$1,247.91
05/16	ACH CREDIT NOVITAS HCCLAIMPMT 898768270*12052961 37~		\$792.82	\$2,040.73
05/16	PHONE/INTERNET TRNFR	-\$20.00		\$2,020.73





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TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
05/16	REF 1361551L FUNDS TRANSFER TO DEP XXXXXX4901 FROM FUNDS TRANSFER VIA ONLINE PHONE/INTERNET TRNFR	-\$2,000.00		\$20.73
05/20	REF 1361552L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE			
05/21	BUS MOBILE DEPOSIT		\$1,217.70	\$1,238.43
05/21	ACH CREDIT NOVITAS HCCLAIMPMT 898780851*12052961 37~		\$2,530.17	\$3,768.60
05/21	BUS MOBILE DEPOSIT		\$105.49	\$3,874.09
05/21	BUS MOBILE DEPOSIT		\$877.08	\$4,751.17
05/21	PHONE/INTERNET TRNFR REF 1411541L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	-\$2,000.00		\$2,751.17
05/22	ACH CREDIT BANKCARD 1929 MTOT DEP 250522 536927960307817		\$345.00	\$3,096.17
05/23	PHONE/INTERNET TRNFR REF 1430457L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	-\$50.00		\$3,046.17
05/23	PHONE/INTERNET TRNFR REF 1431033L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$3,000.00		\$46.17
05/23	PHONE/INTERNET TRNFR REF 1431257L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$14.00		\$32.17
05/27	ACH CREDIT BANKCARD 1929 MTOT DEP 250527 536927960307817		\$108.46	\$140.63
05/27	BUS MOBILE DEPOSIT		\$106.48	\$247.11
05/27	BUS MOBILE DEPOSIT		\$249.84	\$496.95
05/27	BUS MOBILE DEPOSIT		\$495.75	\$992.70
05/28	ACH CREDIT NOVITAS HCCLAIMPMT 898798548*12052961 37~		\$1,202.46	\$2,195.16
05/30	ACH CREDIT NOVITAS HCCLAIMPMT 898807266*12052961 37~		\$1,218.60	\$3,413.76
05/30	ACH CREDIT BANKCARD 1929 BTOT DEP 250530 536927960307817		\$172.00	\$3,585.76
05/30	ACH CREDIT BANKCARD 1929 BTOT DEP 250530 536927960307817		\$384.18	\$3,969.94
05/30	PHONE/INTERNET TRNFR	-\$330.00		\$3,639.94





Account Number:

XXXXXX0303

Statement Date:

05/31/2025

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TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
05/30	REF 1501448L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE PHONE/INTERNET TRNFR	-\$3,639.93		\$0.01
05/31	REF 1501449L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE FEE MAINTENANCE CHARGE	-\$15.00		-\$14.99
Ending Balance				-\$14.99

OVERDRAFT FEES

	Total This Period:	Total Year-To-Date:
Total Overdraft Fees:	\$0.00	\$0.00





Account Number:

XXXXXX0303

Statement Date:

05/31/2025

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To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
2 Add deposits recorded in your checkbook but not shown on this statement.	
3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

The Finance Charge that accrues in any monthly billing period is determined on each day in the monthly billing cycle by multiplying the Daily Periodic Rate by the outstanding principal balance (after subtracting payments and adding advances posted that day); then we add the results of these calculations for the number of days in the billing cycle. The Daily Periodic Rate is the Annual Percentage Rate in effect during the monthly billing cycle divided by 365.

In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions**A. Pursuant To The Federal Fair Credit Billing Act**

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

B. Under Applicable State Law

If you rely upon the 3 months period provided by state law, you may lose important rights that could be preserved by action more promptly under the federal law described in the first paragraph in this section. State law provisions apply only after expiration of the time period for submitting a proper written notice of a billing error under federal law.

In Case Of Error Or Questions About Your Electronic Transfers (Pursuant to the Electronic Fund Transfer Act. Applicable to personal accounts only; does not pertain to wire transfers.)

If you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt, please contact us at 800-522-4100; write us at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. Tell us your name and account number and the dollar amount of the suspected error. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this or 20 business days if your notice of error involves an electronic fund transfer to or from the account within 30 days after the first deposit to the account was made, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For additional terms and conditions applicable to your account statement, please refer to your account agreement.

